PTO/SB/21 (09-04)

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Presson	Application Number		10/642,304				
ON TRANSMITTAL		Filing Date .		August 18, 2003			
JAN 27 2005 FORM	First Named Inventor		Zoran Nesic				
JAN 2	Art Unit		2834				
(to be disposito ( ) correspondence afte.	Examiner Name		Le, Dang D.				
Total Number of Pages in This Submis	Attorney Docket N	umber	010268.02	202PTUS	フ		
	ENCLO	SURES (check all tha	at apply)				
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Firm PATTON BOGGS LLP							
Signature	Jary	& folom	8				
Printed Name GARY B. SOLOMON							
Date	2005	Reg. No.	44,347				
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known								
0115			Application Number 10/642,304								
FEE TRANSMITTAL				August 18, 2003							
JAN 2 7 2005 6 for FY 2005			Inventor	Zoran Nesic							
Applicant claims small entity	Examiner Na		Le, Dang D.								
A TRADEMARY	Art Unit		2834								
TOTAL AMOUNT OF PAYMENT	(\$) 450.00	Attorney Doo	ket No.	010268.0202PTUS							
METHOD OF PAYMENT (check all that apply)											
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):											
☐ Deposit Account Deposit Account Number: 50-2816 Deposit Account Name: Patton Boggs LLP											
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FEE CALCULATION											
1. BASIC FILING, SEARCH,	AND EXAMINATION FE	ES				· · · · · · · · · · · · · · · · · · ·					
FILIN	·	SEARCH FEE	-	EXAMINATIO							
Application Type Fee	Small Entity \$) Fee(\$)		all Entit		I Entity e(\$)	Fees Paid (\$)					
Utility 300			250	200 10		1 000 1 ara (4)					
Design 200	100	100	50	130 6	5						
Plant 200	100	300 1	50	160 8	0						
Reissue 300	150	500 2	250	600 30	0						
Provisional . 200	100	0	0	0	0						
2. EXCESS CLAIM FEES						<b>Small Entity</b>					
Fee Description				<u> </u>	ee (\$)	Fee (\$)					
Each claim over 20 (including			,	50	25						
Each independent claim over 3 Multiple dependent claims				200 360	100 180						
Total Claims Ext	Fee Pai	d (\$)			Dependent Claims						
20 or HP=	x	=			Fee (\$)	Fee Paid (\$					
HP = highest number of total clair	•										
	ra Claims Fee(\$)	Fee Pai	<u>d (\$)</u>								
3 or HP= x = HP = highest number of independent claims paid for, if greater than 3.											
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer											
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sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)											
Total Sheets Extra					ee (\$)	Fee Paid (\$)					
100 = / 50 = (round up to a whole number) x =											
4. OTHER FEE(S)  Non-English Specification, \$120 for (no small entity discount)											
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): Two-Month Extension Fee  450.00											
Chief (v.g., fate filling surcharge). Two-Month Extension Fee 450.00											
SUBMITTED BY											
Lan	u B Bonn	Regis	tration No.								
Signature Signature	p fourt	(Atton	ney/Agent)	44,347	Telephone						
Name (Print/Type) GARY B. SOLO	MON				Date	Jan. 24, 2005					

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